





ATTORNEYS AT LAW  
777 EAST WISCONSIN AVENUE  
MILWAUKEE, WI 53202-5306  
414.271.2400 TEL  
414.297.4900 FAX  
WWW.FOLEY.COM

WRITER'S DIRECT LINE  
414.297.5804  
cparker@foley.com EMAIL

CLIENT/MATTER NUMBER  
122387-0101

August 22, 2019

**Via FedEx**

Florida Department of State  
Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

2019 AUG 23 PM 4:36  
U.S. DEPARTMENT OF STATE  
RECEIVED

Re: Spot Pet Insurance Services, LLC – Application By Foreign Limited Liability  
Company For Authorization To Transact Business in Florida

Dear Sir or Madam:

Enclosed please find the following materials, which I am submitting on behalf of Spot  
Pet Insurance Services, LLC for filing with your Division:

1. Cover Letter;
2. Application By Foreign Limited Liability Company For Authorization To Transact  
Business in Florida relative to Spot Pet Insurance Services, LLC;
3. Certificate of Existence/Good Standing issued to Spot Pet Insurance Services, LLC  
by the Delaware Secretary of State; and
4. Our Firm's check in the amount of \$125, which covers the filing fees associated with  
this filing.

Please contact me if you have any questions or if additional information is required.

Thank you.

Very truly yours,

Carrie L. Parker  
Paralegal III

Enclosures

AUSTIN  
BOSTON  
CHICAGO  
DALLAS  
DENVER

DETROIT  
HOUSTON  
JACKSONVILLE  
LOS ANGELES  
MADISON

MEXICO CITY  
MIAMI  
MILWAUKEE  
NEW YORK  
ORLANDO

SACRAMENTO  
SAN DIEGO  
SAN FRANCISCO  
SILICON VALLEY  
TALLAHASSEE

TAMPA  
WASHINGTON, D.C.  
BRUSSELS  
TOKYO

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Spot Pet Insurance Services, LLC  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

<u>Edward Landon</u>
Name of Person
<u>Spot Pet Insurance Services, LLC</u>
Firm/Company
<u>400 Clematis St., Suite 208</u>
Address
<u>west Palm Beach, FL 33401</u>
City/State and Zip Code
<u>skip.landon@merrickventures.com</u>
E-mail address: (to be used for future annual report notification)

2019 AUG 23 PM 4:36  
FILED  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

<u>Edward Landon</u>	at ( <u>312</u> )	<u>994-9480</u>
Name of Contact Person	Area Code	Daytime Telephone Number

**MAILING ADDRESS:**

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- |   |   |  |   |
|---|---|--|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$160.00 Filing Fee, Certificate<br>of Status & Certified Copy |
|---|---|--|---|

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS  
IN FLORIDA**

*IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:*

1. Spot Pet Insurance Services, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware 3. 84-2114676  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. N/A  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 400 Clematis Street, Suite 208 6. 400 Clematis Street, Suite 208  
(Street Address of Principal Office) (Mailing Address)  
West Palm Beach, FL 33401 West Palm Beach, FL 33401

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324  
(City) (Zip code)

**Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

James Halpin James Halpin, Assistant Secretary  
(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Edward Landon</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>400 Clematis St., Suite 208</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>West Palm Beach, FL 33401</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

FILED  
2019 AUG 23  
PM 4:36  
TALLAHASSEE, FLORIDA

**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



\_\_\_\_\_  
Signature of an authorized person

\_\_\_\_\_  
Edward W. Landon

\_\_\_\_\_  
Typed or printed name of signee

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "SPOT PET INSURANCE SERVICES, LLC" IS  
DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD  
STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS  
OFFICE SHOW, AS OF THE TWENTY-SIXTH DAY OF JULY, A.D. 2019.

FILED  
2019 AUG 23 PM 4:36  
JAMES H. BULLOCK, CLERK



7407184 8300

SR# 20196151530

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

  
Jeffrey W. Bullock, Secretary of State

Authentication: 203293799

Date: 07-26-19